

APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE DEPARTMENT OF ARCHIVES AND HISTORY RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 76—RM—1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

| FOR AGENCY USE | 1. Agency Address | FOR RECORDS MANAGEMENT USE |
|---|---|---|
| Application Date | Department of Human Resources | Application Number |
| 3-30-78 | Division of Physical Health | 77-215-A |
| Application Number | Community Tuberculosis Control Unit Bldg. 512, Northwest Ga. Regional Hosp. | Date Received Date Completed |
| DHR 5-8 | Rome, Ga. 30161 | MAR 3 1 1978 APR 1 1 1978 |
| 2. Person to Contact | Working Title | Telephone Number |
| Bonnie Green | Administrative Aide | GIST 231-6169 |
| 3. Action Requested | | |
| • | Schedule: record will continue to accumulate. | |
| | ccumulation; no further accumulation anticipated. | |
| | No. 77-154 162 214, 215. Check One: Change: St. Superced | |
| 4. Detes of Series | 5. Records Series Title (followed by title used in office; if di | fferent) |
| Earliest Latest | Tuberculosis Control Client Records (s | see attached listing) |
| 1968 to date | | |
| 6. Division and Office Function | | |
| | cal Health provides direction, coordination | |
| | responsive to changing disease patterns. ! | |
| chere are three major . citizens of Georgia; | activities of the Division involved in prov | |
| Health Activity. | The Local Health Activity, the Family Heal | ten Activity and the Community |
| - | berculosis Control Unit is one facet of the | e Communitu Health Activitu |
| | reduction of the incidence of tuberculosis | |
| | re able to infect others, and through the p | |
| | s who become infected. To accomplish these | |
| | d evaluated and given preventive treatment | |
| | ng tuberculosis must be identified, evalua | ted and monitored to see if |
| there is, in fact, in | fection or disease present. | |
| 7. Record Series Description | This file contains the following documents (include form nu | mbers and titles, if any): |
| Documents relating to: | Attach samples of the file. | |
| Cocuments (stating to- | | |
| | See Attached. | |
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| 8. Monthly Reference Rate | How often are records referred to which are: | |
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| twenty-five months and olde | T 7 2 | |
| 9. Annual Rate of Accumulation | | |
| Letter-size drawers | ; Legal-size drawers; Shelves; | Other (specify) |
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| | If not, where i | | | | |
| | b. Does the series | s contain contid | iential information | n requiring security handling? If yes, cite law o | or regulation. |
| | c. Is this a vital r | ecord? | | | |
| | | | al or long term rese | earch value? | |
| | | | | necessary to keep the entire file for a long period | od, could these |
| | documents be | scheduled sepa | rately? | | |
| | | | | published? If yes, attach copy. | |
| 1 1 | | | in this series ever a | analyzed and/or recorded in a summarized repo | rt? |
| | If yes, attach o | | 100100000000000000000000000000000000000 | | |
| | h. Is there a dupl | | series in your orne | se, or in another office or agency? | |
| | | | ion of it) regularly | microfilmed? | |
| | | | in a computer print | | |
| 11. Retent | tion Requirements | | | res the series to be kept: | |
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| 1 | tute of limitation | | years. years. | e. Administrative need | years. |
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| 12. Appro | ved Disposition Inst | ructions Th | nis agency recomm | ends that the file series be cut off at the end of | each: |
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| Agency Hea | ed/Designee (Signat | ture) | Date | Records Management Officer (Signature) | Date |
| Bon | me-I | Green | 3/27/18 | W.S.M. Donald DAK-4 | MO 3-30-78 |
| m mman | testana ta anna | | | State Records Committee (Signature |) Date |
| graph 12 are | | State Aud | Itor/Designee | hathand | 4-7-78 |
| of explanati | ved, <u>attach letter</u> ion.) | [] | 13 | 0 10 7/ 1 | 4770 |
| | | Secretary of | State/Designee | Canal Hart | 1/-/-/8 |

William Detroit

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<u>Tuberculosis Control X-Ray Screening</u> Files

Documents relating to determining if persons screened in an X-ray Clinic are infected or diseased with tuber-culosis.

Included are X-ray films from County X-ray Clinics and private physicians.

Files are arranged within two sections, positive and negative, thereunder by patient identifier.

ファー214-A

Tuberculosis Suspect Files
Documents relating to identifying
and locating persons suspected of
being infected with tuberculosis.

Included are Basic TB Service Record PD 5.3; Interstate Reciprocal Notification of Disease (NCDC- HEW, HSM 4.337); TB Culture Identification; Weekly Laboratory Infectious Agent Report (3082); reference type material including correspondence, physician's memoranda and notes and similar and related information.

Files are arranged within two sections, post thereunder alphabetically by name.

77-162-A

Tuberculosis Contact Files
Documents relating to identifying
contacts to diagnosed cases of infectious tuberculosis.

Included are TB Interviewer's Sheet (DD 5.10); Preventive Treatment Roster and similar and related information.

<u>Negative</u> - Cut off file at the end of the calendar year; hold in current files area 3 years; then destroy.

<u>Positive</u> - Upon declaration the patient is inactive, place X-ray in the inactive file, hold 7 years in current files area then transfer to State Records Center, hold 8 years then destroy.

X-rays to be recycled according to current State guidelines.

Basic TB Service Record

<u>Negative</u> - Upon receipt of negative test results, place document in negative results area, cut off file at the end of each calendar year; hold in current files area 3 years; then destroy.

Positive - Upon receipt of positive test results, place document in positive results area, cut off file at the end of the calendar year, hold in current files area 7 years; then destroy.

Interstate Reciprocal Notification of Disease Cut off file at the end of the calendar year, hold in current files area 3 years; then destroy.

TB Culture Identification
Positive - Place in TB Case File

<u>Negative</u> - Upon receipt of negative test results place document in negative results area, cut-off file at the end of each calendar year; hold in current files area 3 years; then destroy.

Weekly Laboratory Infectious Agent Report -Destroy when no longer needed for reference.

Tuberculosis Interviewer's Sheet Destroy when computer report is verified.

Preventive Treatment Roster
Cut-off file at the end of the fiscal year;
hold in current files area 5 years; then

destroy_

77-154-A

Tuberculosis Control Program Management Evaluation Files Documents relating to evaluating program effectiveness with a view to making program improvements. Included are: forms prescribed by United States Department of Health, Education, and Welfare, Public Health Service, Center for Disease Control, Bureau of State Services, Tuberculosis Control Division: CDC 5.62 (Summary Report - Indices of Drug Therapy); CDC 5.61 (Summary Report - Index of Bacteriologic Conversion of Sputum); CDC 5.63 (Summary Report - Completion of Prevention Treatment); CDC 5.4018-5 (Tuberculosis Program Management Report - Contact and Other Infected Persons Under Supervision); CDC 5.4018.1 (Tuberculosis Program Managment Report - Case Register); · and CDC 5.1393 (Annual Tuberculosis Statistical Summary). The file is arranged by fiscal year.

Cut-off file at the end of the fiscal year; hold in current files area 5 years; then retire to State Archives for permanent retention.



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RECORDS MANAGEMENT DIVISION

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Dispose of present accumulation; no further accumulation anticipated. ☐ Amend Application No. Check One: Change; Supercede; Void 4. Dates of Series 5. Records Series Title (followed by title used in office; if different) Earliest Latest 1971 To date X-ray Screening File 6. Division and Office Function What is the function of the Division and the Office in which this record series is created?

The Division of Physical Health provides direction, coordination and advocacy for a multifaceted public health program responsive to changing disease patterns. To accomplish this purpose there are three major activities of the Division involved in providing health services to the citizens of Georgia: The Local Health Activity, the Family Health Activity and the Community Health Activity. The Community Tuberculosis Control Unit is one facet of the Community Health Activity whose function is the reduction of the incidence of tuberculosis infection through the treatment of persons who are able to infect others, and through the preventive treatment of non-infectious individuals who become infected. To accomplish these objectives, infected persons must be identified and treated; the persons who come in contact with infected people must be identified and evaluated and given preventive treatment if indicated; and persons who are suspected of having tuberculosis must be identified; evaluated and monitored to see if there is, in fact, infection or disease present. This file contains the following documents (include form numbers and titles, if any): 7. Record Series Description Attach samples of the file. Determining if persons acreened in an X-ray Clinic are infected or diseased with tubercules. Documents relating to: included are: X-ray films from County X-ray Clinics and private physicians. Alphabetically. ~ File is arranged: How often are records referred to which are: 8. Monthly Reference Rate One to six months old 75/mo.; Seven to twelve months old 50/mo.; Thirteen to twenty-four months old 10/mo. twenty-five months and older___ 5/mo-? 9. Annual Rate of Accumulation of Records ; Other (specify) 12 inches/vr. ...;Legal-size drawers __ _; Shelves __ Letter-size drawers

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| TP. | X | c. Is this a vital re | oord? | · · · · · · · · · · · · · · · · · · · | | | | |
| <u> </u> | x | d. Does this series | | or long term rese | arch value? | · · · · · · · · · · · · · · · · · · · | <u> </u> | <u> </u> |
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| | | tute of limitation | | | | inistrative need | | Years. |
| | | leral law | | years. | = | ral retention instru | tions | years. |
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| | Attach | copy or excerpt of I | aws or regulation | ons. Explain admir | nistrative need. | | | * * * ; ** * * ; |
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| Agen | cv He | ad/Designee (Signat | ture) | Date | Records Manag | ement Officer (Sig | nature) | Date |
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| | | | | | State R | ecords Committee | (Signature) | Date |
| | | dations in para- | | | \ \ | | - | 0-11-2- |
| (If di | sappro | e approved. oved, attach letter | State Aud | itor/Design ee | | The state of the s | | 0 10 |
| of ex | planat | cion.) | Secretary of | State/Designee | Cano | ll Her | <u>. </u> | 9-12-71 |
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|---|---|------------------------|---------------------------------------|--|
| FOR AGENCY USE | 1. Agency Address | FOR RECORDS | MANAGEMENT USE | |
| Application Date | Department of Human Resources Division of Physical Health | Application Number | | |
| 5/24/77 | Community Tuberculosis Control Unit | 77-2 | 214 | |
| Application Number | Bldg. 512, Northwest Ga. Regional Hosp. | Date Received | Date Completed | |
| DHR-143 | Rome, Ga. 30161 | JUL 1.6 1977 | AUG 2 2 1977 | |
| 2. Person to Contact | Working Title | | Telephone Number | |
| Bonnie Green | Administrative Aide | GIST | 231-6169 | |
| 3. Action Requested | | | | |
| a. 🛭 Establish Retention | Schedule; record will continue to accumulate. | | • | |
| | ccumulation; no further accumulation anticipated. | * | | |
| c. | | | | |
| 4. Dates of Series Earliest Latest | 5. Records Series Title (followed by title used in office; if di | fferent) | • | |
| Lattest | | | | |
| 1967 To date | Tuberculosis Suspect Files | 4 | | |
| 6. Division and Office Function The Division of P | What is the function of the Division and the Office in hysical Health provides direction, coordina | which this record se | ries is created? cacy for a multi- | |
| | program responsive to changing disease pat | | | |
| | major activities of the Division involved i | | | |
| the citizens of Georg | ia: The Local Health Activity, the Family H | ealth Activity | y and the Commun- | |
| ity Health Activity. | | | No. | |
| | erculosis Control Unit is one facet of the | | | |
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| | e infected. To accomplish these objectives, | | | |
| identified and treate | d; the persons who come in contact with inf | ected beoble | must be identifie | |
| | en preventive treatment if indicated; and p | | | |
| | ust be identified, evaluated and monitored | to see if the | re is, in fact, | |
| infection of disease | | | | |
| 7. Record Series Description | This file contains the following documents (include form nu Attach samples of the file. | mpers and titles, it i | any): | |
| Documents relating to: I | dentifying and locating persons who are sus | pected of bei | ng infected or | |
| | iseased with tuberculosis. | | • | |
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| | orms listed below plus journal of names, co | rrespondence, | physician's | |
| | memoranda and notes. | · | | |
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| | ate Reciprocal Notification of Disease - Ed | | _ | |
| (NCDC) Dept HEW - | | ition Rev. 9- | /3 | |
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| | ervice Record (Rev. 1-75) | 0.70) | | |
| | Tuberculosis Culture Identification - (Rev. ekly Laboratory Infection Agent Report (Rev | | | |
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| 8. Monthly Reference Rate | How often are records referred to which are: | , | | |
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| twenty-five months and olde | or? | | | |
| 9, Annual Rate of Accumulation | on of Records | | 1 1 4 4 4 | |
| Letter-size drawers | ; Legal-size drawers; Shelves; | Other (specify) | linear inches | |
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| YES NO 10. Questionnaire | | - | · X & · |
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| | | y to keep the entire file for a long period, o | could these |
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| | rd series result in a computer printout? | | |
| 11. Retention Requirements | The following requires the se | ries to be kept: | |
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| b. Statute of limitation | years, | | years. 4 |
| c. Federal law | years, | f. Federal retention instructions | years. |
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| Attach copy or excerpt of | laws or regulations. Explain administrative | need. | |
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| 12 Approved Disposition Ins | | at the file series be cut off at the end of eac | h: |
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| Transfer to local hold Transfer to State Reco Destroy. Transfer to State Arch Other (Specify) Tuberculosis Suspect Tuberculosis Suspect Report Files | ing area; holdyear(s); then ords Center; holdyear(s); the nives for permanent retention. E. Files Cut dat to to Cut hold cut hold cut to cut hold cut to cut to cut hold cut to | covvesponding -off file on the 5th annivers e of the x-ray film of patien local holding area, hold 2 yes -off file at the end of the cold in current files area 7 year coff file at the end of the cold in current files area 7 year d in current files area 7 year | t then, transfer ars; then destro alendar year, rs; then destroy alendar year; |
| ☐ Transfer to local hold ☐ Transfer to State Recc ☐ Destroy. ☐ Transfer to State Arci ☐ Other (Specify) Tuberculosis Suspect Tuberculosis Suspect Report Files These instructions apply | ing area; holdyear(s); then ords Center; holdyear(s); the nives for permanent retention. E. Files Cut dat to E. Journal Files Cut hold to all prior and future accumulations of the content | covvesponding covvesponding coff file on the 5th annivers e of the/x-ray film of patien local holding area, hold 2 yes coff file at the end of the cold in current files area 7 yea coff file at the end of the cold in current files area 7 yea coff file at the end of the cold in current files area 7 yea me series. | t then, transfer ars; then destroy alendar year, rs; then destroy alendar year; rs; then destroy |
| Transfer to local hold Transfer to State Reco Destroy. Transfer to State Arch Other (Specify) Tuberculosis Suspect Tuberculosis Suspect Report Files | ing area; holdyear(s); then ords Center; holdyear(s); the nives for permanent retention. E. Files Cut dat to E. Journal Files Cut hold to all prior and future accumulations of the content | covvesponding -off file on the 5th annivers e of the x-ray film of patien local holding area, hold 2 yes -off file at the end of the cold in current files area 7 year coff file at the end of the cold in current files area 7 year d in current files area 7 year | t then, transfer ars; then destroy alendar year, rs; then destroy alendar year; |
| ☐ Transfer to local hold ☐ Transfer to State Recc ☐ Destroy. ☐ Transfer to State Arci ☐ Other (Specify) Tuberculosis Suspect Tuberculosis Suspect Report Files These instructions apply | ing area; holdyear(s); then ords Center; holdyear(s); the nives for permanent retention. E. Files Cut dat to E. Journal Files Cut hold to all prior and future accumulations of the content | covvesponding covvesponding coff file on the 5th annivers e of the/x-ray film of patien local holding area, hold 2 yes coff file at the end of the cold in current files area 7 yea coff file at the end of the cold in current files area 7 yea coff file at the end of the cold in current files area 7 yea me series. | t then, transfer ars; then destroy alendar year, rs; then destroy alendar year; rs; then destroy |
| Transfer to local hold Transfer to State Reco Destroy. Transfer to State Arci Other (Specify) Tuberculosis Suspect Tuberculosis Suspect Report Files These instructions apply Agency Head/Designee (Signal M. T. M. May | ing area; holdyear(s); then ords Center; holdyear(s); the nives for permanent retention. E. Files Cut dat to E. Journal Files Cut hold to all prior and future accumulations of the cut of the | covvesponding covvesponding coff file on the 5th annivers e of the/x-ray film of patien local holding area, hold 2 yes coff file at the end of the cold in current files area 7 yea coff file at the end of the cold in current files area 7 yea coff file at the end of the cold in current files area 7 yea me series. | t then, transfer ars; then destroy alendar year, rs; then destroy alendar year; rs; then destroy |
| Transfer to local hold Transfer to State Reco Destroy. Transfer to State Arci Other (Specify) Tuberculosis Suspect Tuberculosis Suspect Report Files These instructions apply | ing area; holdyear(s); then ords Center; holdyear(s); the nives for permanent retention. E. Files Cut dat to E. Journal Files Cut hold to all prior and future accumulations of the niver Date Record Record | covvesponding covvesponding coff file on the 5th annivers e of the/x-ray film of patien local holding area, hold 2 yes coff file at the end of the cold in current files area 7 yea coff file at the end of the cold in current files area 7 yea days me series. Is Management Officer (Signature) | t then, transfer ars; then destroy alendar year, rs; then destroy alendar year; rs; then destroy Date Date |
| Transfer to local hold Transfer to State Recommendations in paragraph 12 are approved. Transfer to State Arci Destroy. Transfer to State Arci Destroy. Transfer to State Arci State Arci Suspect Tuberculosis Suspect Report Files These instructions apply Recommendations in paragraph 12 are approved. (If disapproved, attach letter | Ing area; holdyear(s); then ords Center; holdyear(s); the nives for permanent retention. E. Files Cut dat to E. Journal Files Cut hold E. Laboratory Cut hold To all prior and future accumulations of the cut | covvesponding covvesponding coff file on the 5th annivers e of the x-ray film of patien local holding area, hold 2 ye off file at the end of the c d in current files area 7 yea coff file at the end of the c d in current files area 7 yea series. State Records Committee (Signature) State Records Committee (Signature) | t then, transfer ars; then destroy alendar year, rs; then destroy alendar year; rs; then destroy Date 3/1/17 Date |
| Transfer to local hold Transfer to State Recommendations in paragraph 12 are approved. | Ing area; holdyear(s); then ords Center; holdyear(s); the nives for permanent retention. E. Files Cut dat to E. Journal Files Cut hold E. Laboratory Cut hold To all prior and future accumulations of the state Auditor/Designee | covvesponding covvesponding coff file on the 5th annivers e of the/x-ray film of patien local holding area, hold 2 yes coff file at the end of the cold in current files area 7 yea coff file at the end of the cold in current files area 7 yea days me series. Is Management Officer (Signature) | t then, transfer ars; then destroy alendar year, rs; then destroy alendar year; rs; then destroy Date Date |



APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE DEPARTMENT OF ARCHIVES AND HISTORY RECORDS MANAGEMENT DIVISION

| The second secon | | |
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| 5 | Publication No. 76—RM—1 for instructions on completing the sand History, Records Management Division, 330 Capito Section | |
| | | |
| FOR AGENCY USE | 1. Agency Address | FOR RECORDS MANAGEMENT USE |
| Application Date | Department of Human Resources | Application Number |
| 5/24/77 | Division of Physical Health | 77-162 |
| Application Number | Community Tuberculosis Control Unit | Date Received Date Completed |
| DHR-145 | Bldg. 512, Northwest Ga. Regional Hosp. Rome, Ga. 30161 | MAY 2 7 1977 JUN 2 2 1977 |
| 2. Person to Contact | Working Title | Telephone Number |
| Bonnie Green | Administrative Aide | GIST 231-6169 |
| 3. Action Requested | | |
| a. 🔯 Establish Retention | Schedule; record will continue to accumulate. | |
| _ | cumulation; no further accumulation anticipated. | |
| c. Amend Application | | de; 🗆 Void |
| 4. Dates of Series Earliest Latest | 5. Records Series Title (followed by title used in office; if d | |
| 1972 To date | Tuberculosis Contact Files | |
| 6. Division and Office Function The Division of Ph | What is the function of the Division and the Office in ysical Health provides direction, coordina | which this record series is created? |
| faceted public health | program responsive to changing disease pat | terns. To accomplish this pur- |
| | ajor activities of the Division involved i | |
| | a: The Local Health Activity, the Family H | |
| ty Health Activity. | ino bodat mobile motivity, the family m | caren necessary and the community |
| | rculosis Control Unit is one facet of the | Community Health Activity whose |
| function is the reduct | ion of the incidence of tuberculosis infec | tion through the treatment of |
| persons who are able t | o infect others, and through the preventiv | e treatment of non-infectious |
| individuals who become | infected. To accomplish these objectives, | infected nersons must be |
| identified and treated | ; the persons who come in contact with inf | ected meanle must be identified |
| and evaluated and give | n preventive treatment if indicated; and p | ereone who are evenested of |
| having tuberculosis mu | st be identified, evaluated and monitored | to see if there is its fact |
| infection or disease p | resent | to see if there is, in fact, |
| 7. Record Series Description | This file contains the following documents (include form no Attach samples of the file. | umbers and titles, if any): |
| Documents relating to: | Identifying contacts to diagnosed cases o | f infectious tuberculosis |
| bodamanto rotating to | Tuentilying contacts to diagnosed cases o | infections tupercurosis. |
| | | |
| included are: | | • |
| | Description of House Description Delivers 1 and | Takamatanah Chash (Ban 1 75) |
| · · | Department of Human Resources Tuberculosis | |
| | partment of HEW, Public Health Service Cent | |
| of | State Service Tuberculosis Control Division | on: Tuberculosis Program |
| . Ma | nagement Report Contact and Other Infected | Persons Under Supervision |
| | ev. 9-75) | |
| PD 5.3 - Ba | sic TB Service Record (Rev. 1-75) | |
| | M 4.337 (CDC) - Interstate Reciprocal Notif | |
| | rds: Form letters and other correspondence | e; key punch cards; summary |
| printouts file is arranged: | Alphabetically, by name, within counties as | rranged alphahetically. |
| | | are depended to the second of |
| 8. Monthly Reference Rate | How often are records referred to which are: | 1/ |
| | :; Seven to twelve months old 6/mo; Thirteen to | to twenty-four months old; |
| twenty-five months and olde | r_2/yr? | |
| 9, Annual Rate of Accumulation | on of Records | |
| Letter-size drawers <u>one</u> | ; Legal-size drawers; Shelves; | Other (specify) |
| | | |

| | | | <u> </u> | | |
|--------------|-----------------------|--|-----------------------------|---------------------------|--|
| YES NO | 10. Questionnaire | | er column) | r | |
| x | a. Is this the off | icial copy of the series? | • | ı | |
| | T | s contain confidential information | ation requiring security h | nandling? If yes cite | law or regulation |
| X | | | action requiring security r | landing it yes, cite | law or regulations. |
| X | c. Is this a vital of | | | | ************************************** |
| X | | es have historical or long term two documents in the file mak | | na antica file for a lone | moulant and above |
| х | | | te it necessary to keep th | e entire me for a long | , period, could these |
| X | | tion contained in this series e | | ttach copy. | |
| X_ | g. Is the informa | tion contained in this series e | ver analyzed and/or reco | rded in a summarized | report? |
| Х | | lication of this series in your o | office, or in another offic | ce or agency? | |
| X | · | or a major portion of it) regul | | | |
| X | | rd series result in a computer | | | |
| 11. Retent | tion Requirements | The following re | quires the series to be ke | pt: | , |
| a. Sta | ite Law | years. | d. Audit p | eriod | years. |
| b. Sta | itute of limitation | years. | e. Adminis | strative need | years. |
| c. Fed | deral law | years, | f. Federal | retention instructions | years. |
| | | | , | | |
| Attach | n copy or excerpt of | laws or regulations. Explain a | dministrative need. | | |
| | | | | | |
| اني | ; | | | | |
| , | | | | | |
| 12. Appro | ved Disposition Inst | ructions This agency reco | mmends that the file ser | ies be cut off at the er | nd of each: |
| | | - | r; 🖺 Fiscal Year; 🛘 Ot | • | |
| • | • | | | | |
| | | s areamonth(s) | | | |
| | | ng area, hold <u>12</u> yea | | | |
|)(XX De: | inster to State Reco | rds Center; hold | .year(s); then | | |
| , | | ives for permanent retention. | | | |
| | her (Specify) | | | | |
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| | | | | | |
| These | instructions apply to | o all prior and future accumul | ations of the séries. | M = M = M | NID RMS |
| Agency He | ad/Designee (Signa | ture) Date | Records Manageme | ent Officer (Signature | e) Date |
| 30.107) 16. | | i / | Lecords Manageme | -1 // | Date |
| W.T. | Molloy | 3/14/7 | 7 Danie | I Gree | ~ 4/14/77 |
| . — | J | | 04-4-0 | -d- Olas /o' | |
| Recommen | dations in para- | | State Heco | rds Committee (Sign | ature) Date |
| | e approved. | State Auditor/Designee | | 1. 1 | aladas |
| | | | | The same of | |
| | oved, attach letter 🐪 | | | / | 77/ |
| of explanat | | Secretary of State/Designe | · Caro | ee Hest | 16-17-77 |
| | tion.) | Secretary of State/Designe Attorney General/Designe | MAA | de Hart | 6-20.77 |

Harry Live



APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE DEPARTMENT OF ARCHIVES AND HISTORY RECORDS MANAGEMENT DIVISION

| INSTRUCTIONS: S | See Publication No. 76-RM-1 for instructions on completing the | is form Converd | tunnal autotati |
|---|--|---|--|
| Department of Arch | nives and History, Records Management Division, 330 Capitol | ns form, porward si | igned original to |
| Attention: Schedulin | | Avenue, Atlanta, | Georgia, 30334, |
| | · · · · · · · · · · · · · · · · · · · | · | |
| FOR AGENCY USE | 1. Agency Address of Human Resources | FOR RECORDS | MANAGEMENT USE |
| Application Date | Division of Physical Health | Application Number | • |
| . 5/24/77 | Community Tuberculosis Control Unit | 1 77-1 | 54 |
| Application Number | Bldg. 512, Northwest Ga. Regional Hosp. | Date Received | - • |
| | Rome, Ga. 30161 | 1 | Date Completed JUN 2 2 1977 |
| DHR-146 | | MAY 2 7 1977 | |
| 2. Person to Contact Carl J. Schi | Working Title Leffelbein Public Health Represent | atima | Telephone Number GIST 231-6155 |
| Carr J. Bell. | Tubic hearth keptesent | acive | G131 231-0133 |
| 3. Action Requested | | | |
| a. 🕸 Establish Retentio | on Schedule; record will continue to accumulate. | • | |
| b. 🗆 Dispose of present | t accumulation; no further accumulation anticipated. | | |
| c. | n No Check One: Change; Superced | de; 🗆 Void | , |
| 4. Dates of Series | 5. Records Series Title (followed by title used in office; if di | | |
| Earliest Latest | | | |
| 1963 To date | Tuberculosis Control Program Management E | valuation File | es · |
| 6. Division and Office Funct The Division of | ion What is the function of the Division and the Office in Physical Health provides direction, coordin | which this record se | ries is created? ocacy for a multi- |
| | th program responsive to changing disease pat | | |
| | major activities of the Division involved i | | |
| the citizens of Geor | rgia: The Local Health Activity, the Family H | ealth Activity | and the Commun- |
| ity Health Activity. | | • | |
| The Community 1 | Suberculosis Control Unit is one facet of the | Community Hea | alth Activity whos |
| major function is th | ne reduction of the incidence of tuberculosis | infection thr | rough the treat- |
| ment of persons who | are able to infect others, and through the p | reventive trea | tment of non- |
| infectious individua | als who become infected. To accomplish these | objectives, in | nfected persons |
| | and treated; the persons who come in contact | | |
| identified and evalu | ated and given preventive treatment if indic | ated; and pers | sons who are |
| suspected of having | tuberculosis must be identified, evaluated a | nd monitored t | to see if there |
| is, in fact, infect: | lon or disease present. | | |
| 7. Record Series Description | | mbers and titles, if a | any): |
| Documents relating to: | Attach samples of the file. Evaluating program effectiveness with a view | • | |
| | | | |
| factured ones | Forms prescribed by U.S. Department of Healt | h, Education a | and Welfare, |
| Included are: | Public Health Service, Center for Disease Co | • | |
| | Tuberculosis Control Division. | • | |
| | CDC 5.61 - Summary Report - Index of Bacteri | ologic Convers | sion of Sputum. |
| | CDC 5.62 - Summary Report - Indices of Drug | | • |
| | CDC 5.63 - Summary Report - Completion of Pr | | ment. |
| | CDC 5.4018-5 - Tuberculosis Program Manageme | | |
| | Infected Persons Under Supervision | | |
| | CDC 5.4018-1 - Tuberculosis Program Manageme | | se Register. |
| | CDC 5.1393 - Annual Tuberculosis Statistical | | |
| Ella la processo d | | • | de Stationiani |
| File is arranged: | By fiscal year with the exception of the Ann | | |
| | Summary (Form CDC 5.1393) which is arranged | by carendar ye | ar. |
| 8. Monthly Reference Rate | How often are records referred to which are: | *************************************** | |
| One to six months old | L/mo.; Seven to twelve months old 1/mo.; Thirteen to | twenty-four month | s old 1/mo. |
| twenty-five months and ol | | - targetty tode motiful | |
| | | | · |
| 9. Annual Rate of Accumula Letter-size drawers | tion of Records ; Legal-size drawers; Shelves; (| Other (english) | linear inches per |
| moter sing diditals and | , (| yaler (specify) yes | iT . |
| | • | | i |

(Over)

| YES | NO | 10. Questionnaire | | the state of the s | lumn) | | * | <u> </u> |
|----------|------------------|---|------------------|--|--------------------------|---|---------------------------|----------------------------|
| x | | - a le this the office If not, where is | | series? | | | • | |
| سر ر | х | b. Does the series | contain confid | ential information | requiring s | ecurity handling? | If yes, cite law or regul | lation. |
| X | | c. Is this a vital re | | | | | | |
| <u> </u> | | d. Does this series | | | | | | |
| | х | e. When one or ty documents be | | | necessary to | keep the entire fil | e for a long period, cou | ald these |
| | X | | | | ublished? | If yes, attach copy | | |
| . X | | g. Is the informat If ves, attach c | ion contained i | n this series ever a nalyses and s | nalyzed and summarize | /or recorded in a s | ummarized report? | |
| Х | | | | | | her office or agend what we subm | y? it for 5 years. | |
| <u> </u> | X | | | on of it) regularly | | 7 | | |
| 11. | | tion Requirements | | a computer print following require | | | · | |
| ••• | 101011 | non requirements | 1.1 | e romowing redom | 23 (116 361 163 | to be kept. | • * | |
| | b. Sta | te Law tute of limitation deral law | | years. years. | e. | Audit period Administrative neederal retention | ed | years. years. years. |
| | | | | | •• | | | 700101 |
| (| CDC o | considers their | copies of | these repor | ts as re | source record | Ms. Sara Owens) | states that the forms 5 |
|] | years | s after the dat | a is updat | ed in the CD | C comput | er. | | |
| | | 4 | | | | | | |
| 12. | Αροτο | ved Disposition Instr | uctions Th | is agency recomm | ends that th | e file series be cut | off at the end of each: | |
| | | | , . | Calendar Year; 🔀 | Fiscal Yea | r; 🗆 Other | | then, |
| | <u>.</u> | | | 5 | | | | |
| ; | kox Ho €% Tra | ld in the current files insfer to local holdin | area | month(s) | year(| s); then | | |
| | | insfer to State Recor | | | | | · | |
| | | stroy, except | | | | | | |
| | | insfer to State Archiv ner <i>(Specify)</i> | es for permane | nt retention. | | • | | |
| | B Oli | | losis Stat | istical Summ | ary (For | m CDC 5.1393) | - cut off file | at end of |
| | | each calend | ar year; h | old in curre | nt files | area 5 years | ; then transfer | to local |
| | | holding are | a; hold 20 | years; then | destroy | • | | |
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| 1 | These | instructions apply to | all prior and fu | iture accumulation | ns of the ser | jes. | Al Alla a | |
| | | | | | M_{i} | | water MAK A | 10 5-25-77 |
| Agen | су Нег | ad/Designee <i>(Signat</i> | ure) | Date | Records M | anagement Officer | (Signature) | Date |
| 21 | 17 | Milley | | 3/14/77 | 20 | un I | bree. | 3/14/27 |
| | | | | | Str | ite Records Comm | ittes (Signature) | Date |
| | | dations in para- | | | — } ~ | | 1 | 7 |
| - | | e approved. | State Audi | tor/Designee | ト | - Cu | | 15-20-11 |
| | sappro planat | oved, attach letter ion.) | Secretary of | State/Designee | Ca | nall h | Land | 6-17-77 |
| | | | Attorney Ge | neral/Designee | | MAT | hell | 6-20.77 |
| D - 50 | 71. | Rev. 76 | | | everse Side) | -4 | Martin Martin | |



APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE DEPARTMENT OF ARCHIVES AND HISTORY RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 76—RM—1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

| FOR AGENCY USE | 1. Agency Address | FOR RECORDS MANAGEMENT USE | | | |
|--|--|--|--|--|--|
| Application Date | Department of Human Resources | Application Number | | | |
| 5/24/77 | Division of Physical Health Community Tuberculosis Control Unit | 77-215 | | | |
| Application Number | Bldg. 512, Northwest Ga. Regional Hosp. | Date Received Date Completed | | | |
| DHR-144 | Rome, Ga. 30161 | JUN 1 3 1977 AUG 2 2 1977 | | | |
| 2. Person to Contact | Working Title | Telephone Number | | | |
| Bonnie Green | Administrative Aide | GIST 231-6169 | | | |
| b. Dispose of present acc. C. Amend Application of the Application of | Schedule; record will continue to accumulate. cumulation; no further accumulation anticipated. No Check One: _ Change; _ Superceed 5. Records Series Title (followed by title used in office; if diagrams of the Division and the Office in the Series Title (followed by title used in office) What is the function of the Division and the Office in the Series Title (followed by title used in office) What is the function of the Division and the Office in the Series Title (followed by title used in office) The series Title (followed by title used in of | de; | | | |
| the citizens of Georgity Health Activity. The Community Tube function is the reduce persons who are able individuals who become identified and treated and evaluated and give | erculosis Control Unit is one facet of the cion of the incidence of tuberculosis infect infect others, and through the preventive infected. To accomplish these objectives, it is the persons who come in contact with infer preventive treatment if indicated; and past be identified; evaluated and monitored | Health Activity and the Commun- Community Health Activity whose tion through the treatment of the treatment of non-infectious infected persons must be ected people must be identified ersons who are suspected of | | | |
| 7. Record Series Description | This file contains the following documents (include form no Attach samples of the file. | ımbers and titles, if any): | | | |
| Documents relating to: | Determining if persons screened in an X-r diseased with tubercular. | ay Clinic are infected or | | | |
| included are: | X-ray films from County X-ray Clinics and | private physicians. | | | |
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| | A4 1 - 4 - A4 44 | | | | |
| File is arranged: | Alphabetically. | | | | |
| | | | | | |
| 8. Monthly Reference Rate | How often are records referred to which are: | | | | |
| One to six months old7! twenty-five months and olde | 5/mo.; Seven to twelve months old50/mo.; Thirteen tr5/mo.? | o twenty-four months old $\frac{10}{\text{mo}}$; | | | |
| 9. Annual Rate of Accumulation | | · · · · · · · · · · · · · · · · · · · | | | |
| Letter-size drawers | ; Legal-size drawers; Shelves; | Other (specify) 12 inches/yr. | | | |
| | , | | | | |
| AR-50-71; Rev. 76 | , (Over) | | | | |

| | | 104 · | *** | 1 | | ···· | \$ 7 × 4 |
|---------------------------------------|---|---------------------------------------|------------------------------------|---------------------------------------|--|----------------------------------|---|
| YES NO | 10. Questionnaire | | " in the proper co | lumn) | <u>, _ ,, _ , _ , _ , _ , _ , _ , _ , _ , </u> | | = |
| X | a. Is this the office If not, where is | | series? | | | 1 | * * * |
| х | b. Does the series | contain confide | ential information | requiring s | ecurity hand | dling? If yes, cite law o | r regulation. |
| Х | c. Is this a vital re | · · · · · · · · · · · · · · · · · · · | , | | | | |
| X | d. Does this series | | | | | | |
| x | e. When one or two | | | - | | ntire file for a long perio | od, could these |
| X | f. Is the informat | | | | If yes, attac | | |
| x | g. Is the informat | ion contained is | | | · | d in a summarized repor | t? |
| | If yes, attach con h. Is there a dupli | | eries in your office | e, or in anot | her office o | r agency? | |
| X | If yes, where? | | | | | · | ************************************** |
| X | | | | | 7 | | |
| 11 Retention | n Requirements | | a computer print following require | | to be kent: | | · · · · · · · · · · · · · · · · · · · |
| i i i i i i i i i i i i i i i i i i i | on itedonaments | | ronowing require | 33 (110 361163 | to be kept. | • | |
| a. State | | | years. | | Audit perio | | years. |
| | ite of limitation | | years. | | Administra | | years. |
| c. Fede | eral law | | years. | f. | Federal ret | ention instructions | years. |
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